

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-750-479**
APPLICANT(S)

FILING DATE **12-31-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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10						
11		3				
12		3				
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50						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						